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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/508,317	
	Filing Date		
	First Named Inventor	GRABNER, Peter	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	2	Attorney Docket Number	102133-15

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Norris, McLaughlin & Marcus PA	
Signature	<i>Christa Hildebrand</i>	
Printed name	Christa Hildebrand	
Date	April 20, 2006	Reg. No. 34,953

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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	107 508, 317
Filing Date	
First Named Inventor	GRÄBNER, Peter
Art Unit	
Examiner Name	
Attorney Docket Number	102133-15

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 27,388

☒ Please change the correspondence address for the above-identified application to:

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

Signature  SIGNATURE of Applicant or Assignee of Record

Name GRÄBNER, Peter

Date 13.04.2006

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